Page 1 of 17

SEEC FORM 20

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

RECEIVED

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2015 SEP -2 AM 11: 20
Do Not Mark in This Space For Official Use Only

COVER PAGE BRISTOL CT

| 1. NAME OF COMMITTEE | | Property of | | | | | | | 100 Per 142 Sept. 110 Per 120 |
|--|--|---------------------|----------|-----------------------------|--|-------------------------|------------------------|---------------------------------------|--|
| Bristol BOE 2015 | | | | | | at the s | | | |
| 2. TREASURER NAME | | elle de Transfer | | in the | John State | Source State | | | |
| First Matthews | | MI | • | _{Last} Katherii | | | | | Suffix |
| 3. TREASURER ADDRESS | | L | ių, | Kathem | 1e | Setting of the set | | | Same Same |
| Street Address | Service Control | | City | | | and A Personal | State | Zip Co | ode |
| 47 Prospect PI | | | Brist | :ol | | | ст | 0601 | |
| 4. ELECTION/REFERENDUM DATE | 5. OFFICE SOUG | HT (Complete | e only į | f Candidate | Committee) | 94 (Block) 1 (Block) | | 6. DISTR | RICT NUMBER |
| (mm/dd/yyyy) 11/03/2015 | Bristol Board of I | Education | _ | | | | | (if applicable) | |
| 7. CANDIDATE NAME (Complete only if C | Candidate or Explorator | | | ##.da | | | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | |
| First | | MI | | Last | | | | | Suffix |
| 8. TYPE OF REPORT (Check One Box) | | Toghan I. | | | | | | | 100 mg (100 mg) |
| O January 10 filing | 7th day preced | ling primary | у | 7th | day preceding referendu | | | ribution or | Disbursement |
| April 10 filing | 30 days follow | ving primary | y | O 45 (| lays following referendu | ım _ | PACs ONLY) Amendmen | t to | |
| July 10 filing | 7th day preced | ling election | 1 | O Def | ícit | • | ype of Rep | | |
| October 10 filing | 12th day prece | | | Terr | mination | _ | | | |
| O24 Hour Independent Expenditure OPrimary OElection | O45 days follow not held in Nov | ving election | | | | | | | |
| 9. PERIOD COVERED | The stages | | | 193 | | and the second | | Chair I | The state of the s |
| | Beginning Dat | te | | | Ending Date | | | | |
| . (| 08/06/2015 | | | thru | 08/31/2015 | | | | |
| - | | | | | | | | | · |
| 10. CERTIFICATION | | 14 10 10 10 1 | | 4.5 | Harris Harris | | | | |
| I hereby certify and state, under penalties of false statement, that all of the information set forth on this Itemized Campaign Finance Disclosure Statement for the period covered is true, accurate and complete. | | | | | | | | | |
| $V \wedge $ | | , | ⟨ath∈ | rine L. ۸ | Matthews | | | 08/31/20 | 015 |
| TREASURER OR DEPUTY FREASURE | OR DEPUTY TREASURER (SIGNATURE) PRINT NAME O | | | F SIGNER | - | | DATE (m | nm/dd/yyyy) | |
| V | | | | | THE STATE OF THE S | Signature | | | 100 mg 10 |
| A person who is j | | | | | lated any provisions (| of the camp | aign finai | nce statut | es |

Itemized Campaign Finance Disclosure Statement CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Revised January 2015

SUMMARY PAGE TOTALS

| NAME OF COMMITTEE (Provide Complete Name as Registered with Filing Repository) Bristol BOE 2015 | TYPE OF REPORT Initial Contribution/Disbursement (PAC's Only) | | | | |
|--|--|-----------|--|--|--|
| Bristor BOL 2013 | COLUMN A | COLUMN B | | | |
| | This Period | Aggregate | | | |
| 11. Balance on hand January 1 of current year for ongoing and party committees OR Balance on hand from day committee was formed for all other committees | | 0 | | | |
| 12. Balance on hand at the beginning of Reporting Period | 0 | | | | |
| 13. Contributions Received from Individuals (Sections A and B) | 60 | 60 | | | |
| 14. Receipts from Other Committees (Sections C1 and C2) | 0 | 0 | | | |
| 15. Other Monetary Receipts (Sections D through K) | 0 | 0 | | | |
| 16a. Total Proceeds from Small Purchases (Section L1 Subpart 1 + Subpart 3) | 0 | 0 | | | |
| 16b. Per Public Act 11-48, effective January 1, 2012 Section L2. removed | | | | | |
| 16c. Total Purchases of Advertising—Program Book or Sign (Section L3) | 0 | 0 | | | |
| 17. Total Monetary Receipts (add totals for Lines 13 through 16c) | 60 | 60 | | | |
| 18. Subtotals (add totals in Line 12 + 17 in Column A; and in Line 11 + 17 in Column B) | 60 | 60 | | | |
| 19. Expenses Paid by Committee (Section P) | 26.51 | 26.51 | | | |
| 20. Balance on hand at close of Reporting Period (Subtract Line 19 from Line 18 in both Columns) | 33.49 | 33.49 | | | |
| 21. In-Kind Donations not Considered Contributions Received (Section L4) | 0 | 0 | | | |
| 22. In-Kind Donations not Considered Contributions — House Party (Section L5) | 0 | 0 | | | |
| 23. In-Kind Contributions Received (Section M) | 0 | 0 | | | |
| 24. Refundable Deposit to Telephone Company (Section N) | 0 | 0 | | | |
| 25. Loan Balance | 0 | | | | |
| 25a. + Loans Received (Section D) | 0 | 0 | | | |
| 25b. + Interest and Penalties on Loan | 0 . | 0 | | | |
| 25c Payments on Loan | 0 | 0 | | | |
| 25d. Total Outstanding Loan Amount | 0 | | | | |
| 26. Campaign Expenses Paid by Candidate (Section Q) | 0 | 0 | | | |
| 27. Expenses Incurred on Committee Credit Card (Section R) | 0 | 0 | | | |
| 28. Expenses Incurred by Committee During this Period but Not Paid (Section S) | 0 | | | | |
| 28a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section S) | 0 | | | | |

| NAME OF COMMITTEE (Provide Complete Name | ne as Registered with Filing Repository) | (A) (FIG. 1) | TYPE OF REPORT | | | | |
|---|--|--|---|----------|--|--|--|
| Bristol BOE 2015 | | | Initial Contributi | on/Disbu | ursement | | |
| A. Total Contributions from S (See instructions for definition of Small | | ed this Period SUBTOTAL SEC | | | | | |
| | | | | | | | |
| | B. Itemized Cor | itributions fro | m Individuals | 100 | E STATE OF THE STA | | |
| Last Name | | First | | | MI | | |
| Matthews | | Katherine | | | L | | |
| Residential Street Address | | City | | State | Zip Code | | |
| 47 Prospect PI | | Bristol | | СТ | 06010 | | |
| Principal Occupation | | Name of Emp | loyer | | | | |
| Attorney | | GMF, LLP | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | nief executive officer of a municipality of a contract with said municipality officer of a municipality | lity, Amo | ount of Contribution | | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | spective state contractor? Y Executive OLegislative | es | | | | | |
| Method of Contribution: | Aggregate Contributions | - | | | | | |
| Cash Personal Check Credit/Debit C | ard Payroll Deduction OMoney | Order 8/31/15 | 60 | | | | |
| Last Name | | First | | | МІ | | |
| | | 1 | | | IVII | | |
| Residential Street Address | C | City | | State | Zip Code | | |
| Principal Occupation | | Name of Empl | loyer | | | | |
| | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Yes | If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000? | o a candidate for a chest associated with have | e a contract with said municipality | ity, Amo | ount of Contribution | | |
| | Ves Is contributor a principal of a st No If yes, indicate which bran of government the contract | ch or branches | spective state contractor? N Executive () Legislative | es lo | | | |
| Method of Contribution: | or go reminent the contract | Date Received | | | | | |
| OCash OPersonal Check OCredit/Debit Ca | ard Payroll Deduction Money (| | , iggiogato contitutions | | | | |
| Last Name | | First | | | MI | | |
| | • | | | | 1411 | | |
| Residential Street Address | C | City | | State | Zip Code | | |
| Principal Occupation | | Name of Empl | oyer | | | | |
| | | | | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | If contribution is in excess of \$400 to does contributor or business he/she is valued at more than \$5,000? | o a candidate for a ch s associated with hav Yes | e a contract with said municipality | ity, Amo | ount of Contribution | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | Is contributor a principal of a standard of government the contract | ch or branches | ON O | s o | | | |
| Method of Contribution: | or government the contract | Date Received | Executive Legislative Aggregate Contributions | | ł | | |
| Ocash OPersonal Check Ocredit/Debit Ca | ard Payroll Deduction Money (| | Aggregate Contributions | | İ | | |
| | | OTAL Section E | 3 — This Page 60 | | | | |
| TOTAL of additional Section B Pages 0 | | | | | | | |
| TOTAL OF A | LL CONTRIBUTIONS FROM | INDIVIDUALS | Sections A + B) | | | | |
| | (Enter total on Line 13 | | | | | | |

| NAME OF COMMI | ITTEE Provide Complete | e Name as Registered v | vith Filing Renas | itoryl | Lar. | TYPE OF REPORT | |
|--|-------------------------------|---|----------------------|-----------------|---|-------------------------------------|--|
| | | 6.000.000 | | | | TITE OF REFORM | CONTROL OF THE PROPERTY OF THE |
| | | C1. (| Contributio | ons from O | ther Com | nittees | |
| Name of Committee | | | | | Name of Trea | 会社は特別を担任されるのでは、企業の企業が発展しませた。 | |
| | | | | | | | |
| Address | | | | Is this contri | hution associat | ted with an OYes ONo | Amount of Contribution |
| | | | | event report | ed in Section L | 1? | Amount of Contribution |
| City | | State | 7:- 0-1- | Date Rece | | list Event # | |
| | | State | Zip Code | Date Rece | ivea | Aggregate Contributions | |
| | | | | | | | |
| Name of Committee | | | | | Name of Treas | surer | |
| | | | | | | | |
| Address | | | | Is this contri | L hution associat | ed with an Yes No | Amount of Contribution |
| event reported in Section L1? | | | | | | 1? | |
| City | | State | Zip Code | Date Rece | | ist Event # Aggregate Contributions | <u>-</u> |
| | | | Zip Code | Buto Room | | Aggregate Contributions | |
| | | | | | | | |
| Name of Committee | | | | | Name of Treas | surer | |
| | | | | | | | |
| Address | | | | Is this contri | bution associat | ed with an Yes No | Amount of Contribution |
| | | | | event reporte | ed in Section L | 1? ist Event # | |
| City | | State | Zip Code | Date Recei | | Aggregate Contributions | |
| | | ļ | | | | | |
| | | 10 Mg 20 Mg | in the second second | | | | |
| Name of Committee | C2. Re | eimbursement | s or Surpl | us Distribu | AND A WILL YOU AND AND A DESCRIPTION OF | other Committees | |
| Name of Committee | | | | | Name of Treas | urer | |
| | | | | • | 1 | | |
| Address | | | | City | - | | State Zip Code |
| | | | | | | | |
| Date Received | Expenditure # (if applicable) | Payment Type | | | | | Amount of Receipt |
| | , | ○ Reimbursem | ent for shared e | xpense OSi | ırplus Distribut | tion | |
| Description | | | e e | | | | |
| | | | | | | | |
| Name of Committee | | | | | Name of Treas | urer | |
| | | | | | | | |
| Address | | | | City | | | State Zip Code |
| | | | | | | | |
| Date Received | Expenditure # | Payment Type | | <u> </u> | | | |
| Bate Received | (if applicable) | | | | a 1 <i>D</i> | | Amount of Receipt |
| | | O Reimburse | ment for shared | expense U | Surplus Distrib | oution | |
| Description | | | | | | | |
| West State Control Control | | | | | | | |
| 第二章 100 mm (1980年) | | Alexander (1975) | SUBTO | TAL Section | a C — This | Page | |
| 10000000000000000000000000000000000000 | | | | | | | |
| | | | TOTAL | of additional | Section C | Pages | |
| | | ALL COMMIT | | | | | |
| | (Sections | C1 + C2) (Enter to | otal on Line 14 | , Column A of S | Summary Page | Totals) | |
| | | | | | | | |

| NAME OF COMMITTEE (Provide Complete Name as Registered with Fi | iling Reposi | itory) | | Т | YPE OF | REPORT | |
|--|-----------------------|-------------|-----------------|--|-------------|--|--|
| | | | | | | | 0.000 |
| D | . Loans | s Receiv | ed this Period | | | | |
| Name of Lender | | | Source of Loan: | | | _ | Date of Receipt |
| | | | Bank Candi | idate 🔘 I | Individual | Other Committee | - |
| Street Address | City | | I | S | State | Zip Code | Is there a Cosigner or Guarantor of this loan? Yes No |
| Name of Cosigner/Guarantor (if applicable) | <u></u> | | | 1_ | | | Amount Received |
| | | | | | | | Aliiuum neceiveu |
| Street Address | City | | | | State | Zip Code | |
| | | | | | | | |
| Name of Lender | <u> </u> | | Source of Loan: | l | | | Date of Receipt |
| | | | Bank Candi | | | Committee | - |
| Street Address | City | | | S | tate | Zip Code | Is there a Cosigner or Guarantor of this loan? Yes No |
| Name of Cosigner/Guarantor (if applicable) | | | | | | | Amount Received |
| | | | | | | | Amount Received |
| Street Address | City | | | | State | Zip Code | |
| | | | | | | - | |
| Name of Lender | | | Source of Loan: | | | <u> </u> | Date of Receipt |
| | | | OBank O Candi | _ | | Committee | |
| Street Address | City | | | S | tate | Zip Code | Is there a Cosigner or Guarantor of this loan? |
| Name of Cosigner/Guarantor (if applicable) | | | | | 1 | | O Yes O No |
| | Amount Received | | | | | | |
| Street Address | City | | | 18 | State | Zip Code | |
| | | | | | ,,,,,, | Lip coat | |
| | 10 (10 Kg) | Section 1 | TOTAL SECTION | ON D | | <u></u> | |
| | | | | rouge a second | | | |
| E. Receipts from Entities other than | n Indiv | iduals o | or Other Comm | ittees (| Referenc | lum Committee | es ONLY) |
| Name of Entity | 2000 Table 100 annual | | | S. A. S. P. S. | | Control of the Contro | |
| | | | | | | | |
| Street Address | | | | Date Rec | eived | | Amount Received |
| | | | | | | | |
| City | | State | Zip Code | Aggregat | te Contribu | tions | |
| | | | | | | | |
| Name of Entity | | | | _1 | · | <u>\</u> | |
| · | | | | | | | |
| Street Address | | | | Date Rec | eived | | Amount Received |
| | | | | | | | |
| City | | State | Zip Code | Aggregat | e Contribu | tions | |
| | | | | | | | |
| Name of Entity | | <u> </u> | | 1 | | | |
| | | | | | | | |
| Street Address | | | | Date Rec | eived | | Amount Received |
| | | | | | | | |
| City | | State | Zip Code | Aggregat | e Contribu | tions | |
| | 1 | - | | | | | |
| | | | TOTAL SECTION | ONE | | | |
| | 1000 | | TOTAL SECTION | UNE | | | |

| NAME OF COMMITTE | E (Provide Complete Name as Registe | red with Filing Repository) | T | YPE OF REPORT |
|------------------|--|-----------------------------|----------------------|---------------------------------------|
| F | . Amount Transferred | From Affiliated Busines | s Treasury (Business | Entity Committees ONLY) |
| Date of Receipt | Is this transaction associa event reported in Section | 1 03 1/ 763 | , list Event # | Amount |
| Date of Receipt | Is this transaction associate event reported in Section | | , list Event # | Amount |
| Date of Receipt | Is this transaction associa event reported in Section | | , list Event # | Amount |
| Date of Receipt | Is this transaction associa event reported in Section | | , list Event # | Amount |
| | | | FOTAL SECTION F | |
| G. Amount T | ransferred from Affiliat | ed Labor Union or Oth | er Organization Tre | easury (Organization Committees ONLY) |
| Date of Receipt | | Date of Receipt | | e of Receipt |
| A | mount | Amount | Amount | |
| | | To | OTAL SECTION G | |
| | | | | |
| | H. Personal Funds of t | he Candidate Received | this Period (Candida | te Committees ONLY) |
| ate of Receipt | Method of payment: | | | Amount |
| | ○ Cash | Personal Check | Credit/Debit Card | |
| ate of Receipt | Method of payment: | Personal Check | Credit/Debit Card | Amount |
| ate of Receipt | Method of payment: Cash | Personal Check | Credit/Debit Card | Amount |
| ate of Receipt | Method of payment: | Personal Check | Credit/Debit Card | Amount |
| | | _ Total Cher | TOTAL SECTION I | |
| - | | I. Anonymous Con | tributions | |
| AL. | | 1. Anonymous Con | tributions | |
| | Per Public Act 11-48, | Anonymous Contributi | ons may no longer | be deposited in any |

Per Public Act 11-48, Anonymous Contributions may no longer be deposited in *any* amount. If a committee receives an anonymous contribution, the campaign treasurer shall immediately remit the contribution to the State Elections Enforcement Commission for deposit in the General Fund.

| NAME OF COMMITTEE (Provide Complete Name as Registered with 1 | Filing Repository) | as Commonweathorn | F REPORT | |
|---|---|---|----------------|--|
| | | | | STOCKER STOCKER OF THE WEST OF THE STOCKER STO |
| J. Interest for Name of Institution | rom Deposits in Authorized Accou | 100000000000000000000000000000000000000 | | |
| Name of Institution | | Date Rece | eived | Amount |
| Street Address | City | State | Zip Code | |
| Name of Institution | | In . 7 | | |
| Name of institution | | Date Rece | eived | Amount |
| Street Address | City | State | Zip Code | |
| | | | | · |
| | TOTAL SECTIO | NJ | | |
| | netary Receipts not Considered Co | ontribut | ions | |
| Name | | Date | of Transaction | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| | | | | |
| Name | | Date | of Transaction | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| | | | | |
| Name | | Date | of Transaction | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| Description | | | | |
| Name | | Date | of Transaction | Amount Received |
| Street Address | City | State | Zip Code | |
| Description | | | | |
| 2000, p. 0.1 | | | | |
| | TOTAL SECTION K | | | |
| SUMMARY OF OTHER | MONETARY RECEIPTS (Section | ns D thr | ough K) | |
| Total Loans Received this Period (Section D) | | | | |
| Total Receipts from Entities other than Individuals or Oth | ner Committees (Section E) | + | | |
| Total Amount Transferred from Affiliated Business Treas | ury (Section F) | + | | |
| Total Amount Transferred from Affiliated Labor Union o | r Other Organization Treasury (Section G |) + | | |
| Total Amount of Personal Funds of the Candidate Receive | ed this Period (Section H) | + | | |
| Total Amount of Interest from Deposits in Authorized Acc | counts (Section J) | + | | |
| Total Miscellaneous Monetary Receipts not Considered C | ontributions (Section K) | + | | |
| | Total of Other Monetary | Receip | is. | |
| (Add Sections D through | K) (Enter total on Line 15, Column A of Summary | Page Total | (s) | |

II. EVENT ACTIVITY (Sections L1—L5)

| NAME OF COMMITTEE | (Provide Complete Name as Registered with Filing Repository, |) | | TYPE OF REPORT | | | | | |
|--|--|--|--|-----------------------|---------------------|-------------------|---------------------------------|--|--|
| | | | SANS TO LEGE | | | | | | |
| Event # | L1. Ever | ıt Infor | mation | | 1 1 | First Car | A POPPLY | | |
| Date of Event Letter | Description | | | | | this a fu | ndraising event No | | |
| Location: Street Address | | City | | | | State | Zip Code | | |
| Subpart 1: (All Commit Was this event hosted at | · · | OYes O No | (If yes, go to Section LS Associated with a Hou purchases made by host | ise Party and complet | e requi | ired infor | mation for any | | |
| Did this fundraiser included of up to \$200 or items do | le goods or services donated by a business entity nated by an individual of up to \$100? | Yes (If yes, go to Section L4 In-Kind Donations not Considered Contributions and complete required information.) No | | | | | | | |
| with purchases from an in | * | O No | (If yes, enter Total Rece | | \$ | | | | |
| Were there purchases of sign associated with this | | mittees of OYes ONo | her than Exploratory (If yes, go to Section L3 or on a Sign and comp | Purchases of Adverti | ising Sp ition.) | pace in a | Program Book | | |
| Subpart 3: (Town Committee sell gathering held within the | nittees ONLY) food or beverage at a fair or similar mass state with this fundraiser? | OYes ONo | (If yes, enter Total Reco | eipts here.) | \$ | | | | |
| Event # Date of Event Letter | Description | | | | | his a fun OYes | odraising event? | | |
| Location: Street Address | | City | | | S | State | Zip Code | | |
| Subpart 1: (All Committee Was this event hosted at a | | OYes ONo | (If yes, go to Section L5 Associated with a Hous purchases made by host(| se Party and complete | requir | ed inform | Contributions mation for any | | |
| | e goods or services donated by a business entity nated by an individual of up to \$100? | O Yes | (If yes, go to Section L4 and complete required in | | ot Con | sidered (| Contributions | | |
| Was this fundraiser a tag with purchases from an in | sale, auction, or other sale of donated items idividual of up to \$100? | O Yes | (If yes, enter Total Rece | ipts here.) | \$ | | | | |
| Subpart 2: (Party Comm Were there purchases of a sign associated with this | ittees, Municipal Candidates and Political Commodvertising space in a program book or on a fundraiser? | nittees ot O Yes O No | her than Exploratory ((If yes, go to Section L3 or on a Sign and compl | Purchases of Advertis | sing Sp tion.) | pace in a l | Program Book | | |
| Subpart 3: (Town Comm Did your committee sell f gathering held within the | nittees ONLY) ood or beverage at a fair or similar mass state with this fundraiser? | OYes ONo | (If yes, enter Total Recei | ipts here.) | \$ | | | | |
| SUBTOTAL Section | n L1—Subpart 1 (All Committees) Total Receipts fr | om Sale (| of Donated Items — T | his Page | | | | | |
| | | | ubpart 3 <i>(Town Committe</i> Food Purchases — T | | | | | | |
| | | TOTAL | of additional Section | L1 Pages | | | | | |
| | TOTAL OF ALL RECE | | ROM SMALL PUR Column A of Summary 1 | | | | | | |

Per Public Act 11-48, effective January 1, 2012 committees are no longer required to itemize small individual purchases from a committee tag sale, auction, or a sale of donated items. *Section L2. removed*

| NAME OF COMMITTEE | (Provide Complete Name as Register | 1 -1 -Full - D | | | | | N. J. 1884 | SOF CONTRACTOR |
|--|------------------------------------|------------------------|-------------------------------------|---|----------------|----------|------------------------------|----------------|
| IVAIVIE OF COMMITTEE | (Frovide Complete Name as Register | ed with Filing Reposit | ory) | | TYPE OF REPO |)RT | | |
| | I 2 Dunchess | | · D | י אי | | | | TO SPECIE |
| Name of Purchaser | Lo. Fulchase | s of Advertisi | ng in a Progra | m Book or o | on a Sign | I D. J |)(D | |
| | | | | | | 1 | se Made By: siness Entity | Other |
| | | | | | | _ | | Proprietorship |
| Street Address | | | City | | | | State | Zip Code |
| | | | | | | | | ' |
| Date Received | Event # | Aggregate Purchases | for All Events | 1 4 4 .CD | 4.170 1 | | 1 | |
| | Divin II | Aggregate i dichases | ioi An Events | Amount of Pro | ogram Ad Purch | ase | Amount of Si | gn Purchase |
| | | | | | | | | |
| Name of Purchaser | | | | | | l . | e Made By: | _ |
| | | | | | | | siness Entity | Other |
| Street Address | | | T | | | OInd | ividual/Sole P | |
| Street Address | | | City | | | | State | Zip Code |
| | | | | | | | | |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Pro | gram Ad Purcha | ise . | Amount of Si | gn Purchase |
| | | | | | | ĺ | | |
| Name of Purchaser | | | | | | Purchas | e Made By: | |
| | | | | | | | siness Entity | Other |
| | | | | | | 1 = | ividual/Sole P | _ |
| Street Address | | | City | | | | State | Zip Code |
| | | | | | | | | |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Pro | gram Ad Purcha | se . | Amount of Sig | on Purchase |
| | | | | | .g | | 111104111 01 51 | 5n i ai chasc |
| N. CD. I | | | | | | | | |
| Name of Purchaser | | | | | | | Made By: | A |
| | | | | | | Ξ | siness Entity | Other |
| Street Address | | | City | | | Oind | ividual/Sole P | Zip Code |
| | | | | | | | State | Zip Code |
| | Γ | | | | | | | |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Pro | gram Ad Purcha | se A | Amount of Sig | gn Purchase |
| | | | | | | | | |
| Name of Purchaser | <u> </u> | <u> </u> | | | | Purchase | Made By: | |
| | | | | | | Bus | iness Entity | Other |
| | | | · | | | O Ind | vidual/Sole P | roprietorship |
| Street Address | | | City | | | | State | Zip Code |
| | | | <u>.</u> | | | | | |
| Date Received | Event # | Aggregate Purchases | for All Events | Amount of Pro | gram Ad Purcha | se A | mount of Sig | n Purchase |
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| | SUBTOTAL Section L3 To | otal Purchases of | Advertising in Pr | ogram Book — | – This Page | | | |
| James College | SIDTOTAL S4: | I o T-4-1 D | L | | Will D | | | |
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II. EVENT ACTIVITY (Sections L1—L5)

| NAME OF COMMITT | EE (Provide Complete Name as Reg | istered with Filing Reposit | tory) | TYPE OF RE | PORT | | 12 Section 25 and 1 | |
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| Name of Donor | | | is ivot consic | icred Contributions | Maria de la companya | | | |
| | | | | | | | | |
| Street Address | | | City | | | State | Zip Code | |
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| Donation Given By: | Description of Donation | | | | | | | |
| Business Entity | | | | | Fair | Market Va | lue of Donation | |
| OIndividual | Date Received | Event # | | Aggregate Value for this Event | | | | |
| Sole Proprietorship | | January 1 | | Aggregate value for this Event | | | | |
| Name of Donor | | | | | | | · | |
| rame of Bonor | | | | | | | | |
| Street Address | | | la: | | | _ | | |
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| OIndividual | | | | | | | | |
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| Name of Donor | | | | | | | | |
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| Street Address | | | City | | | State | Zip Code | |
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II. EVENT ACTIVITY (Sections L1—L5)

| NAME OF COMMITTEE (P) | ovide Complete Name as Registered with Filing R | Repository) | | TYPE OF RE | PORT | 100 Mary 100 |
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| | | | | | | And a second property of the control |
| L5. | In-Kind Donations Not Consid | dered Contributions Ass | ociated with a I | House Part | ty | e de la lagraga |
| Name of Host | | | Is this event committee? | | ore than o | one candidate or |
| Street Address | | City | | · · · · · · · · · · · · · · · · · · · | State | Zip Code |
| | | | | | | |
| Description of Donation | | | | Fair Mar | ket Value | of Donation |
| Event # | Aggregate Value of this Event—all hosts | Aggregate Value of all Events— | -this host/candidate | - | | |
| Name of Host | | | committee? | supporting mo OYes ONo omplete Itemiza | 0 | ne candidate or |
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| Name of Host | | | committee? (| supporting mo OYes ONo mplete Itemiza |) | ne candidate or |
| Street Address | | City | | | State | Zip Code |
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| Name of Host | | | Is this event su committee? (| upporting mon OYes ONo nplete Itemizat | | • |
| Street Address | | City | | | State | Zip Code |
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| NAME OF COMMITTEE (Provide Complete | e Name as R | legistered with | | | BII IB (Beet) | Svesse Chromosophilavota | OF REPORT | | |
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| | | | TAT TALL J.C. | 1000 | | | | | |
| Name | | | M. In-Kind Con | ntr | ibutions | | | 17837 | The second substitutes |
| Street Address | | | | | | | | | |
| Street Address | | | | Cit | ty | | | State | Zip Code |
| Type of contributor: OCommittee | Date Rece | eived | Aggregate Contributions | | Description of In-Kind | d Contributi | on | | |
| OIndividual / Sole Proprietorship Other | <u> </u> | ribution is in | excess of \$400 to a candi- | | for a shipf everytive | Contract of | :1144, | <u> </u> | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | does cor | ontributor or than | business he/she is associa- | ated | with have a contract w Yes No | with said m | a municipality, iunicipality | l l | Market Value is Contribution |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | 8 Yes No | Is contribu If yes, | utor a principal of a state of indicate which branch or ernment the contract is with | or bra | tractor or prospective s | | No | s | 8 Contribution |
| Name | | V- 0. | Thinest the Comment | 111. | O Broom. | Lugar | lative | <u></u> | |
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| Street Address | | | | City | у | | | State | Zip Code |
| Type of contributor: OCommittee | Date Recei | ived | Aggregate Contributions | Т_ | Description of In-Kind | l Contributio | on | | |
| OIndividual / Sole Proprietorship Other | | "Lution is ir | - C 0 400 to a conv | 126 | 11.0 | | | | |
| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | does contributor or business he/she is associated with have a contract with said municipality valued at more than \$5,000? Yes No Of this Contribution | | | | | | | | |
| Is this contribution associated with an event reported in Section L1? If yes, list Event # | 8 Yes No | If yes, in | ttor a principal of a state co indicate which branch or rnment the contract is with | r bra | anches | _ | ŎΝο | | |
| Name | | | | | | | 444.0 | | |
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| Is contributor a lobbyist, spouse, or dependent child of a lobbyist? | does co | ribution is in ontributor or l at more than | excess of \$400 to a candi business he/she is associa a \$5,000? | ated | te for a chief executive with have a contract w | officer of with said m | a municipality, unicipality | | Market Value s Contribution |
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| Last Name of Individual | | | First | | phone com- | 1.y | MI | Date Deposit | t Made |
| | | | | _ | | | | 1 | • |
| Residential Street Address | <u> </u> | | City | | | State | Zip Code | | Amount of Deposit |
| Name of Telephone Company | | | | | | | | | <u>-</u> |
| | | | | | | | | | |
| Street Address | | | City | | | State | Zip Code | | |
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| TOTAL SE | CTION | N (Enter to | otal on Line 24, Column A | A of | f Summary Page Tota | ils) | | | |

SEEC FORM 20

IV. EXPENDITURES (Sections P-T)

Page 13 of 17

| NAME OF COMMI | ITTEE (Provide Complete Name as Registered with Filing Repository) | · | TYPE OF REPORT | | Company Processing | | |
|--------------------------------------|--|---|----------------------------|---|---|--|--|
| Bristol BOE 2015 | The state of the s | Initial Contribution/Disbursement | | | | | |
| | P. Expenses | Paid by Committee | | | 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - 1986 - | | |
| Name of Payee Farmington Bank | | ± 2 december 1980 € de la companya del la companya de la companya | Date of Payment 08/31/2015 | Method of Payment: O Check # O Debit Card | | | |
| Street Address 475 Broad Street | t | City Bristol | • | State CT | Zip Code 06010 | | |
| Purpose of Expenditure (by code) BNK | Description Purchase of Bank Checks | | Event # | 26.51 | Amount | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required und None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contril | - | | | | | |
| Name of Payee | | | Date of Payment | Method of Po | # | | |
| Street Address | | City | | State | Zip Code | | |
| Purpose of Expenditure (by code) | Description | | Event # | | Amount | | |
| Expenditure # (if applicable) | | | | | | | |
| Name of Payee | | | Date of Payment | Method of Pa | # | | |
| Street Address | | City | | O Debit C State | Card OEFT Zip Code | | |
| Purpose of Expenditure (by code) | Description | E | Event # | A | Amount | | |
| Expenditure # (if applicable) | | | | | | | |
| Name of Payee | | | Date of Payment | Method of Pa | # | | |
| Street Address | | City | | Debit Co | ard DEFT Zip Code | | |
| Purpose of Expenditure (by code) | Description | E | Event # | A | Amount | | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum P Required unled None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) | | | | | | |
| | SU | JBTOTAL Section P — 1 | This Page 26.51 | | | | |
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| | TOTAL OF ALL EXPEN (Enter total on Line I | NSES PAID BY COMN 19, Column A of Summary Po | MITTEE age Totals) 26.51 | | | | |

| NAME OF COMMIT | TEE (Provide Complete Name as Registered with Filing Reposite | ory) | | TYPE OF REPORT | | | |
|---|---|----------------------------|---------|-----------------|---------------------------|--------------------|--|
| Non-PROSE Canada Association | | | | | | | |
| | | xpenses Paid by Can | didate | | | 36.00 | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment | | | | | Is reim | bursement claimed? | |
| | | | | | 0 | Yes 🔘 No | |
| Street Address | | City | | | State | Zip Code | |
| | | | | | | | |
| Purpose of Expenditure (by code) | Description | | Event # | | | Amount | |
| (by code) | | | | | | | |
| Name of Payee (Name of Vendor, Person or Entity who candidate paid directly) Date of Payment | | | | | | bursement claimed? | |
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| Purpose of Expenditure | Description | | Event # | | Amount | | |
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| rame of rayou (rame by r | emor, reison or Lindy who canadade pada directly) | | . | Date of Payment | Is reiml | bursement claimed? | |
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| Purpose of Expenditure (by code) | Description | | Event # | | | Amount | |
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| Name of Payee (Name of V | endor, Person or Entity who candidate paid directly) | | I | Date of Payment | Is reimbursement claimed? | | |
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| CALLS THOUGH A ST | R Expens | ses Incurred on Committ | es Coodit Cood | | | | |
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| | | | | American Express Other: | | | |
| ame of Vendor, Person | or Entity | | Discover Game | | | | |
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| Street Address | | City | | State Zip Code | | | |
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| ТО | TAL OF ALL EXPENSES INCUR (Ente | RRED ON COMMITTEE C r total on Line 27, Column A of Su | CREDIT CARD mmary Page Totals) | | | | |
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| NAME OF COMMIT | IEE (Provide Complete Name as Registered with Filing Repositor) | y the second second | TYPE OF REPOR | RT | | | |
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| | S. Expenses Incurred by Com | mittee but Not Paid | During this Period | 4 | | | |
| Name of Creditor | * | | During this i critic | | ncurred | | |
| Street Address | | Γ | | | · | | |
| | | City | | State | Zip Code | | |
| Purpose of Expenditure (by code) | Description | | | Amount Incurred (Estimate or Actual) | | | |
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| NAME OF COMMITT | EE (Provide Complete Name as Registered with Filing Reposito | ory) | | | | TYI | PE OF RI | EPORT | A STATE | andress greatheas | |
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| April 1980 | | | | | | | | | | | States |
| NO SERVICE CONTROL OF THE PROPERTY OF THE PROP | T. Itemization of Reim | 200,000 | | and Seco | ndary | Pay | yees | | 40044 | PATER Second description | |
| Last Name of Worker/Con | ultant | Fi | rst | | | | | MI | | Payment to Vendor or Entity | -, |
| Name of Vendor, Person or Entity Paid by Committee Worker/Consultant | | | | | | | | Committee | Worker/Consultant | as | |
| | | | | | | | Che | n Section P: ck # | _ Q D | ebit Card 🔘 EI | FT |
| Street Address of Vendor, | Person or Entity Paid by Committee Worker/Consultant | | City | | | | | | State | Zip Code | |
| Purpose of Expenditure (by code) | Description | | | | Event # | ŧ | | | | Amount | |
| Expenditure # (if applicable) | Type of Expenditure (Itemization in Addendum T Required unless "None of the below" is checked) None of the below Coordinated with reimbursement sought (joint expenditure) Coordinated without reimbursement sought (in-kind contribution) Organization: O A | | | | | | O C |) O | | | |
| Last Name of Worker/Cons | ultant | Fir | rst | | | | | МІ | Date of Person o | Payment to Vendor, or Entity | , |
| Name of Vendor, Person or | Entity Paid by Committee Worker/Consultant | | | | | | | Section P: | _ | Worker/Consultant : | |
| Street Address of Vendor, I | erson or Entity Paid by Committee Worker/Consultant | | City | | | 1_ | | | State | Zip Code | |
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| Last Name of Worker/Cons | ultant | Fir | st | | | | | MI | Date of Person o | Payment to Vendor, r Entity | |
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| Street Address of Vendor, F | erson or Entity Paid by Committee Worker/Consultant | | City | | | | <u>~</u> | | State | Zip Code | _ |
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